Exhibit 92



ABBOTT LABORATORIES INC.

Diane Latz
Reimbursement Technician
Abbott Home Infusion Services
Fax: (847)937-9424

Dept. H56 Bldg. AP34 200 Abbott Park Road Abbott Park IL 60064-3537 Telephone: (847)937-8308

THIRD AND FINAL REQUEST

October 7, 1998

Ms. Rosamaria Castaneda 8052 S. Coles Chicago, Il 60617

Patient Number: 28004718

Dear Ms. Castaneda,

Our records show an outstanding balance on your account. The total, \$11,965.57 is now seriously past due. (Your balance due is for charges from September 1997 thru October 1997.)

On several occasions, we requested payment from you for home therapy supplies we provided to Theresa. We have not had any response from you. We are reluctant to take any action which might jeopardize your good credit rating. Since we have not heard from you, we are unfortunately in a position where we must consider placing your account with a collection agency.

However, we prefer dealing with you and believe that is also your desire. Therefore, you have fourteen (14) days from the date of this letter to contact me at (800)553-8019 x78308 regarding payment of your outstanding balance. Please leave a message on my voice mail if I am not available. Please leave a day time phone number of where I can reach you to set up payment arrangements.

Please do not take this lightly, as when one account is placed with a collection agency, it will be placed on your credit history to remain for seven (7) years. They will also begin collection activity that could lead to legal action.

Sincerely,

Diane Latz
Reimbursement Specialist
FINALLTR.WPS



ABBOTT LABORATORIES INC.1

Krystal Franklin Reimbursement Technician Abbott Home Infusion Services Fax: (847)937-9424

Dept. H56 Bldg. AP34 200 Abbott Park Road Abbott Park IL 60064-3537 Telephone: (847)938-3594

August 26, 1998

PATIENT NUMBER: 280047/8

Ms. Rosamaria Castaneda 8052 S. Coles Chicago, IL 60617

Dear Ms. Castaneda:

Enclosed you will find your billing for home infusion services provided to *Abraham* by Abbott Home Infusion Services. We understand you have applied for Medicaid coverage; however, you are not eligible. You may wish to take these bills to your caseworker to expedite your eligibility or you may begin making payments toward the balance due. Please contact our office as soon as you receive your medical card. Until then, the balance due shown below is your financial responsibility.

Service Month	Billed Amt	Amt Paid	Balance Due
09/16/97	\$11,446.57	.00	\$11,446.57
10/16/97	\$519.00	.00	\$519.00

Please pay this amount:

\$11,965.57

Payment may be made by check or money order. Make check or money order payable to Abbott Home Infusion Services and return it in the enclosed envelope.

If you would like to arrange a payment plan, call me as soon as possible.

If you have any questions, please contact me at (800)553-8019.

Sincerely,

Krystal Franklin

Reimbursement Technician

Kruptal Franklin

LETTERHD.WPS

Highly Confidential ABT-DOJ 0385101





ABBOTT LABORATORIES INC.

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Krystal Franklin Reimbursement Technician Abbott Home Infusion Services Fax: (847)937-9424

Dept. H56 Bldg. AP34 200 Abbott Park Road Abbott Park IL 60064-3537 Telephone: (847)938-3594

July 23, 1998

PATIENT #: 28004718

Ms. Rosamaria Castaneda 8052 S. Coles Chicago, IL 60617

Dear Ms. Castaneda:

We have provided home infusion services to *Alex* and have been informed by Illinois Department of Public Aid that he is not eligible for medicaid coverage. Please call us as soon as possible with any insurance or medicaid information. The balance due shown below is your financial responsibility.

Service Month	Billed Amt	Amt Paid	Balance Due
09/16/97	11446.57	.00	\$11446.57
10/16/97	519.00	.00	<u>\$519.00</u>

Please pay this amount:

\$11965.57

Payment may be made by check or money order. Make check or money order payable to Abbott Home Infusion Services and return it in the enclosed envelope.

If you would like to arrange a payment plan, call me as soon as possible.

If you have any questions, please contact me at (800)553-8019.

Sincerely,

Krystal Franklin Reimbursement Technician LETTERHD.WPS



ABBOTT LABORATORIES INC

Michelle Walton Reimbusement Technician Abbott Home Infusion Services

Dept. H56 Bidg. AP34 200 Abbott Park Road Abbott Park, IL 60064-3537 Telephone: (847)935-1573

February 20, 1998

To the Parents of Abraham Osuna,

Attached are invoices, services of which services were provided to Abraham. We have called Share Terminal to verify Abraham's eligibility to Illinois Medicaid, we were informed that he is not eligible. If you have a recepient number for Abraham please call as soon as possible so that we can bill Medicad on your behalf or if you or he is insured to any other carrier, please let us know so we can bill these invoices. Untill we hear from you the amount shown below is your financial responsibility.

DATE OF SERVICE	AMOUNT BILLED	BALANCE DUE
091697	11446.57	11446.57
101697	519.00	519.00
		\$11965.57

PLEASE PAY THIS AMOUNT

\$11,965.57

Until we hear from you, the attached bills are your financial responsibility. Should you have any questions, please don't hesitate to call me at 800-553-8019 ext 5-1573.

We appreciate your immediate attention regarding this matter.

Sincerely,

Michelle Walton Reimbursement Technician UNINSURE.WPS

Highly Confidential ABT-DOJ 0385103

ABBUTT HOME INFUSION SUCS DEPARTMENT H56 BLDG.AP34 ABBUTT PARK IL 60064

PATIENT: 28004718 CLAIM: 00278105

ABT

ABRAHAM OSUNA

8052 S COLES 2ND FLR

INSURANCE PENDING

CHICAGO IL 60617

	PROCEDURE CODE	LIST HUMBER	DESCRIPTIEN	QUANTITY SHIPPED	UNIT PRICE		RX HDR
09/1	6/97						
	-	013570-01	PROVIDER ASV SET N/ 2	8.00	30.15	241.20	
		013586-01	PROV AIN AC ADAPTER	1.00	94.74	94.74	
-		013594-D1	PROV AIN SML CARRYING	1.08	88.88	88. 88	
	* 🖦	022545-03	MASK ISOLATION N/EAR L	8.00	. 63	5.04	•
		024410-01	SUTURE REMOVAL KIT	1.00	5.33	5. 33	. •
	***	025202-01	EXT SET MICRO PRIME 3"	2.00	8. 24	16.48	
	-	025807-01	PATIENT HANDBOOK	1.00			
	***	025807-02	ANTIBIOTIC EXPLANATION	1.00			
•	iq.	025807-05	CATHETER CARE EXPLANAT	1.00		,	
		025899-01	NEDISCRUB #44020:61048	1.00	13.04	13.04	
	м	026353-02	UNIVE SECURNAT DEVICE	2.00	2.13	4. 26	
	A4454 -	02 4405-01	TAPE WETPROOF 1" X 5 Y	1.00	4. 58	4. 58	
-	B4220 -	021040-63	ALCOHOL-ISBPROPYL 160Z	1.00	3.96	3.96	
	B4220 -	021132-63	NU GAUZE 2" X 2" 4 PLY	25.00	. 24	8.00	
	B4220 -	021509-63	CLAMP DRAVOH	1.00	3.03	3.03	
	B4220 -	022083-02	DRESSING KIT CLINIPAD	2.00	20.26	. 40.52	
	B4220 -	022086-01	DRESSING TEGADERN 10CM	2.00	4, 95	9.90	
	B4220 -	022125-01	BANDAGE 2" X 5 YD DYNA	1.00	4.76	4.76	
	B4220 -	022138-01	NDL 256 X 5/8" BD5122	100.00	. 48	48.00	
	B4220 -	022629-01	SYR 12ML LUER LOK SHER	100.00	1.13	113.00	
	-B4220 -	024499-01	CLICK LOCK MALE INJECT	4.00	3. 49	13.96	
	B4220 -	024598-70	GLOVES SURGEON SZ 7	5.00	1.93	9.65	
•	B4220 -	024605-01	SHARPS-TAINER 6. 90T BD	1.00	15.62	15. 62	
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ADBOTT HOME INFUSION SUCS DEPARTMENT H56 BLDG. AP34 ABBUTT PARK IL 60064

PATIENT: 28004718 CLAIM: 00278105

ABT

ABRAHAM 8052 S COLES 2ND FLR

DSUNA

INSURANCE PENDING

		CHICAGO	IL 60617			•	
	PROCEDURE CODE	LIST KUNDER	DESCRIPTION	QUANTITY SHIPPED			RX NBR
09/1	16/97				•		
	84224 -	024628-01	CLICK LOCK HOUSING N/2	21.00	5. 68	119.28	
	E0781 - Renti	013967-02 AL	PMP PROV AIM PLUS	30.00	17.30	519.00	•
	J1644 -	001151-70 D/BILL UNIT	HEPARIN LOCK 100/NL 18	12.00	2.74	32.88°	0085600
	J1644 -	001152-70 U/BILL UNIT	HEPARIN LOCK 1000/ML 1	4.00	2.74	10.96	0085598
	J2912 -	007984-37	SOD CHL 0.9% 4/PK 100M	20.00	14. 20	284. 00	•
	00000 -	004888-25	SOD CHL 0.9% 10ML FTUL	25.00	2.50	62.50	0085599
· ·	00000 -	024283-88	ACYCLOVIR CPD 570.0000 NG	20,00	213.00	4260.00	0085593
	00000 -	026366-01	BATTERY "DRUBLE A"	16.00	1.00	16.00	
,	•	TOTAL SHIPPED	09/16/97	~		6076.57	
09/1	8/97						
	B4220 -	024499-01	CLIEK LOCK HALE INJECT	7.00	3.49	24. 43	
	84220 -	024598-70	GLOVES SURGEDN SZ 7	7.00	1.93	13.51	
	B4220 -	024936-02	GLOVES LATEX MEDIUM	100.00	. 40	40.00	
	:	TOTAL SHIPPED	09/18/97			77.94	
09/2	2/97						
	-	013578-01	PROVIDER ASV SET N/. 2	8,00	30.15	241. 20	•
	. .	025202-01	EXT SET MICRO PRIME 3"	, 4.00	8. 24	32. 96	
	B4220 -	024499-01	CLICK LOCK MALE INJECT	8.00	3, 49	27.92	
	84224 -	024628-01	CLICK LOCK HOUSING W/2	21.00	5. 68	119.28	
	J2912 -	007984-37	SOD CHL 0.9% 4/PK 100M	21.00	14. 20	298. 20	
	00000 -	024283-88	ACYCLBUIR CPD 570,0000 NG	21.00	213.00	4473.00	0085593
	7	FOTAL SHIPPED				5192.56	•
09/2	4/97						
ALLE		022138-01	NDL 256 X 5/8" BD5122	32.00	. 48	15.36	
	B4220 -	022629-01	SYR 12ML LUER LUK SHER	32.00	1.13	36.16	٠.

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ABBOTT HOME INFUSION SUCS DEPARTMENT H56 DLDG. AP34 IL 60064

PATIENT: 28004718 CLAIM: 00278105

ABT

ABRAHAM DSUNA

INSURANCE PENDING

8052 S COLES 2MD FLR

CHICAGO

IL 60617

PROCEDUR CODE	E LIST RUMBER	DESCRIPTION	QUANTITY Shipped	UNIT PRICE	EXTENDED PRICE	RX NOR
09/24/97						
J1644 -	001151-70	HEPARIN LOCK 100/ML 10	2.00	2.74	5. 48	0085600
100	ON/BILL UNIT					
00000 -	004888-25	SOD CHL 0.9% 10ML FTVL	17.00	2.50	42.50	0085599
TOTAL SHIPPED 09/24/97					99.50	
TOTAL PATIENT 28004718					11446.57	

INVOICES PROCESSED... 00597687 00597550 00597189 00597835

ABBOTT HONE INFUSION SUCS
DEPARTMENT HS6 BLDG. AP34
ABBOTT PARK IL 60064

PATIENT: 28004718 CLAIM: 00279330

ABT

ABRAHAM

OZUKA

INSURANCE PENDING

8052 S COLES 2ND FLR

CHICAGO

IL 60617

PROCEDURE CODE	EIST HUMBER	DESCRIPTION	QUANTITY SHIPPED	UKIT PRICE	EXTENDED PRICE	RX NBR
10/16/97			v.			
E0781 -	013967-02	PMP PROV AIM PLUS	30.00	17.30	519.00	00000000
RENT	AL		•			(C)
	TOTAL SHIPPED	10/16/97			519.00	
•	TUTAL PA	TIENT 28004718			519.00	

INVOICES PROCESSED...
00600181